



County of Los Angeles Department of Mental Health

TRAINING APPLICATION FORM

Please Print or Type

Instructions

Each training is assigned a unique Course ID number which can be found on the upper right corner of the bulletin page. This number must be used when completing this form. Each individual must complete a separate copy of this form for each he/she wishes to attend.

Each applicant must also provide a unique identifying number. For county employees, this is the County Employee Number. All other applicants must provide their first and last initial and the last four (4) digits of their Social Security Number. If the correct information is not provided, the Training Division will not be responsible for record keeping, and **no** certificate of attendance will be issued.

This form is not to be used for LPS Designation Training. The required form for that training is found elsewhere in this bulletin.

(To fill in this form just type on the shaded areas)

Training Title (as in DMH bulletin)							
Date							
County Employee Number (non-county employees supply the last four digits of the SSN)							
Name							
Program, Service or Agency							
Job Title							
Address							
City						Zip Code	
Telephone				Fax			
License or Credential Number(s) (complete as many as applicable)							
CAADAC				LCSW			
LPT				LVN			
MD				MFT			
Psychologist				RN			
Supervisor's Approval (Applications will not be processed if not signed by supervisor)				Return Application to:			
Print Supervisor Name				County of Los Angeles Dept. of Mental Health Training Division 695 S. Vermont Avenue, 15th floor Los Angeles, CA 90005 Fax: (213) 252- 8776 / 252-8775 Phone: (213) 251- 6854			
Supervisor's Signature				(When faxing, there is no need to use a cover sheet)			